



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINES
PO DRAWER 900 • BIG STONE GAP, VIRGINIA 24219

IGNITION INVESTIGATION

Company Name:			Mine Name or Number:		Report Date:	Mine Index Number:
Address:			Location:			MSHA ID Number:
City:	State:	ZIP:	County:	Office Phone Number:		Mine Phone Number:
Person with Overall Responsibility:				Person in Charge of Health and Safety:		
Investigated:						

Reported by: _____ Date: _____ Time: _____
Ignition Number: _____ Ignition Date: _____ Ignition Time: _____ Shift: _____
Foreman in Charge: _____ Certification Number: _____
Location of Ignition: _____
Were equipment damages or personal injuries involved? _____
Equipment Involved: _____
Employee(s) Involved: _____
Length and Diameter of Flame: _____ Duration: _____
How was the Flame extinguished? _____

Were Methane checks made?			
Preshift	Location	Percentage	%
Onshift	Location	Percentage	%
Prior to the occurrence	Location	Percentage	%
After the occurrence	Location	Percentage	%

Air readings	
Preshift	Location
Onshift	Location
Prior to occurrence	Location
After the occurrence	Location

Did mining occur in the place prior to the Ignition? _____ Quantity mined: _____
Describe mining event prior to Ignition: _____ If other, describe: _____
Mining height: _____ Type of roof: _____ Type of floor: _____
Type of materials in the coal other than coal (e.g., rock partings, pyrite, etc.): _____
Describe conditions found during investigation relevant to the Ignition: _____
Was the equipment in permissible condition? _____
Were the cutting bits worn? _____ Were any cutting bits missing? _____
Were all water sprays operative? _____
Was the methane monitor properly calibrated and in proper working condition? _____
Recommendations: _____
Action Taken: _____

, Inspector / Specialist